The Canadian Nurse

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THE CANADIAN NURSE.*

On entering the Conference Hall at Paris and looking about the spacious auditorium, I saw on a broad ledge on one side the Nursing Journals, and conspicuous among these was the familiar form of our own Journal, THE CANADIAN NURSE. The copies were not left long, they were all taken away the first day by those interested in journalistic work. A number of nurses from other lands told me how much they enjoyed our journal and looked forward to getting it.

Our magazine is now in its fourth year. You know its history. It appeared quarterly for the first two years, and in January, 1907, made its first appearance as a monthly magazine.

There is another evidence of growth, even more important, showing as it does the growing professional feeling among the nurses, and the unity developing, not only among the nurses of our city and Province, but among the nurses of the Dominion.

The Journal was under the management of a Publication Committee composed of members of the Alumnae Association of the Toronto General Hospital for the first year. In 1906 all the Alumnae Associations of the different hospitals in the city were represented on this committee. In 1907, when the Journal became a monthly, the Publication Committee ceased to exist, or rather its place was taken by the Editorial Board comprised of nurses from every Province in the Dominion.

The Editorial Board is now composed of representatives from every Province in the Dominion and every organization of nurses in the Dominion, care having been taken to give representation according to the number of subscribers. This was thought to be the fairest way. Thus you see how THE CANADIAN NURSE has grown to be our National Journal, which was the object from the beginning.

Our National Journal is established; has a good representative board; is in touch with nurses and nursing from end to end of this fair Canada of ours; holds a good position among literature of its

*Read at the Annual Meeting of the Ontario Graduate Nurses' Association.

class (in proof of this let me call your attention to the fact that articles have repeatedly been copied by other Journals). Altogether it is a Journal of which we may be and are justly proud.

This Journal has one *great* need which can be met by the nurses. This, I feel sure, it is only necessary to mention, and you will do your best to meet it and so make our Journal better and its position more assured.

We want MORE SUBSCRIBERS. The life and prosperity of THE CANADIAN NURSE depend on this.

Our mailing list at present numbers only 1,500. This makes it very difficult, and, in some cases, impossible to secure advertisements. We must have advertisements. If every nurse will make this a personal matter and secure us one new subscriber, the problem will be solved.

Each month 1,500 copies of the magazine are published at a cost of $800.00 per quarter. Of these 250 are exchanged with other Journals and go to advertisers, 1,200 go to nurses. Some of these nurses have forgotten to pay their subscription for this year.

At the beginning of the year about $30.00 was spent in postage sending reminders that subscriptions were again due. Fully half of these had to be repeated. In a number of cases renewals did not come to hand at the end of the first quarter. This is not as it should be. We all know our subscription ends with the year. Why not be prompt and attend to the matter at once, it means so much to the Business Manager. Printers are not willing to do the work on trust, even if the Editor is good enough to do that very largely.

The *great need* of the Journal is more subscribers. All other difficulties arise out of this. Meet this and the others vanish. It is in the hands of the nurses. It is in your hands. What will you do to help?

The Editorial Board has determined to send THE CANADIAN NURSE to new subscribers for the rest of the year 1908 for fifty cents. How many new subscriptions can you send?

BELLA CROSBY,
President of the Editorial Board.

OUR OWN MAGAZINE.*

Much need not be said before this Association of the work of THE CANADIAN NURSE, it speaks for itself—what its aims and objects are—in no uncertain voice. Everyone here is familiar with the monthly visitor in its quaint, quakerish garb, quite in keeping with the simple uniform, which is the working attire of the body of women it represents.

*Read at the Annual Meeting of the Ontario Graduate Nurses' Association.

It is needless to emphasize the importance the Executive of this Association puts upon their representative journal when we see that they have elected to give time to two papers in its behalf.

We wish to appeal to you not on the ground of mere individual, personal interest, which thinks its duty well done, when it has paid its single subscription for the year. Far be it from me to underrate the single subscription, but so much more can be done with such a little time and such a little trouble. Our appeal is to your patriotism and your professional pride, two indispensable characteristics of the good working man or women in all lands.

To begin with, it is our own, our very own Canadian Nursing Journal, and surely in this wonderful new country of ours there

"Breathes not a man (or woman either) with soul so dead,
Who never to himself hath said,
This is my own, my native land,"

and who does not feel interested in all forms of Canadian enterprise. Notice the number of Canadian Clubs that are being organized throughout the land, and with national spirit running so high, should we not strive to have this magazine of ours worthy of the name Canadian?

It must be a matter of pride and satisfaction to all true Canadian Nurses, that our journal has, in so short a time, reached such a high professional standing, receiving enthusiastic mention from the Medical and Nursing press. It speaks volumes for the Canadian hearts and brains, to which our journal owes its birth.

At present it compares favorably with any publication of its kind on this continent, or in other lands. It always gives me a sensation of pride when I take up a nursing or medical journal to see extracts taken from THE CANADIAN NURSE. In one of our most recent and lauded works on training school methods, articles are quoted, which made their first appearance in the columns of THE CANADIAN NURSE. It makes us realize as nothing else can, that at last we have come into our own, and have a worthy representative journal, of the nursing profession in Canada.

Month by month it takes its journey all over this wide Dominion, from the Atlantic to the Pacific, and to the far off Yukon Territory, bringing its messages, not only of improved nursing methods, proposed solutions of vexed hospital, training-school and private nursing problems, but the dearer, more personal news of friends working in other parts of the field. And I am sure among all the journals which Canadian nurses receive, none are looked for more eagerly than THE CANADIAN NURSE.

When Wolfe set out for his memorable victory on the Plains of Abraham. he said of Gray's elegy, "I would rather have written these lines than take Quebec to-morrow." I would rather have been the woman who first voiced the need of THE CANADIAN NURSE than occupy the highest position our nursing world has to offer. Yes,

surely it is much to us as patriotic Canadian women that our journal has from the first occupied such a high place in the journalistic circles and in the hearts of our nurses.

Professionally speaking, the number of trained nurses in Canada has reached such magnitude and importance as to become a power in the land; and we must of necessity, like other professions, have an organ to voice our views.

The various Graduate Nurses' Associations, Hospital and Training School organizations are being added to daily, at the meetings of these bodies, advanced methods of work, along all professional lines, are advocated and fully discussed, but where would we be without a professional journal to publish proceedings for the benefit of those unable to attend? Then, again, outside of these societies, frank criticisms of methods in vogue can only be made in our own journal, by our own profession, and would be quite impossible anywhere, save in the columns of a journal devoted to our interests. How many of our various associations would like to be without their official organ? Not the Ontario Graduate Nurses' Association, I feel sure.

Our dignity as a profession demands that our journal shall be of high standing, and in this, and every other, way THE CANADIAN NURSE has realized our expectations. From the very beginning it has been, and continues to be, an unqualified success. If another number were never published, it has done good work—yes, great work—if only for the attitude it maintains on the Provincial Registration question.

Briefly stated, these are a few of the things THE CANADIAN NURSE stands for to us. Now, what is our responsibility to it? Surely we will not stand with our arms folded, when we have the opportunity of helping to hold up the hands of those on whom the burden lies so heavily. Printing costs money, good articles for the journal cost money, editors and assistant editors should, at least, have a fair salary. How can the great body help along this work? We are not all highly gifted, not all have been given the brains, executive ability, and that "infinite capacity for taking pains" which Carlyle defines as genius. But we can at least give our time and thought. Most of us are frequently, in our work, coming in contact with doctors and other nurses; how easy to say a word for THE CANADIAN NURSE—how easy to get a subscription, if only we ourselves are interested enough to ask. That is the point we must be interested in.

Emerson truly says "nothing great was ever achieved without enthusiasm." So in this journal of ours, to make it as great a success financially as professionally, we must have an interest, which amounts to a great enthusiasm. And, although we may not be geniuses, yet it may be that some nurse, who all her life long might have remained a "mute, inglorious Milton," may be

stirred to give expression to noble thoughts, to the nursing world, through our endeavors.

Executive heads of hospitals and training schools are in a position to do much towards advancing its interests. Members of hospital trusts and boards of management are very easily induced to subscribe. Visiting doctors and nurses, fall in most readily, and gladly pay the subscription price, in many cases being only too pleased to have the journal brought to their notice.

Superintendents of training schools should impress on nurses, especially during their senior year, their responsibility (I cannot put it more lightly) to their own nursing journal. Presidents of alumnæ associations might frequently urge its claims, and find out if there is any other way in which its interests could be furthered. Last, but not least, the private nurse has much influence; very often it is her pleasure to meet with some nurse who has married, and, being out of professional circles, has never even heard of THE CANADIAN NURSE. What more delightful than to reintroduce her to the nursing world through the medium of its pages?

Surely this month every subscriber can pledge herself to get five new subscriptions without laying very heavy tribute on her friends! The price is small—fifty cents for the half-year. They will receive their money's worth many times over. Think what an inspiration to the Editorial Board to have the subscription list increased five-fold! What greater things they would thus be enabled to accomplish, when they have already done so much! We all meet the nurse, who, while a graduate of an American Training School, is still, heart and soul, a Canadian, and rejoices to aid us, as well as give herself pleasure and profit by subscribing for our journal.

Just a few more words, and I will close. There is one other important way in which we can aid our journal—our advertisements. From a financial point of view, they are a most valuable asset, and in no other way can we show the value of our magazine, than by patronizing the various firms there represented. They have shown their faith in the magazine by inserting the advertisement. Is it not important that we shall show them that their faith is not misplaced? Those of us who are in town can ring up the various places for medical supplies, cabs, flowers, biscuits, ice cream, etc., never forgetting to say: "I saw your advertisement in THE CANADIAN NURSE," while out-of-town nurses can make mention of it when sending their orders. It is only a little extra trouble to you, but it will bear good fruit.

These are only some of the ways in which we can help along. More ways will suggest themselves, as we become more interested, and I am sure that, though we may have at times appeared indifferent to its welfare, the year 1908 will show that we do appreciate

the work done by our editor and her assistants, in carrying on the arduous work, necessary in connection with a successful National Magazine of Nursing.

"LONG LIVE THE CANADIAN NURSE."

M. J. E. MORTON.

AN ADDRESS.*

Nurses and doctors are mutually dependent one on the other and ought to work together in perfect harmony in order to attain the best results, thus benefiting the patient and rendering the work easier for both doctor and nurse. No matter how careful the latter may be in preparing the room, instruments, tables and dressings for an operation, all of her trouble is negatived if the surgeon allows suture material to trail over objects which have not been sterilized or if the nurse, in lifting up an aseptic dish, places her surgically unclean fingers or thumb on the inner side of that dish. In order to avoid such errors, it is necessary to educate ourselves up to the point where we will appreciate the necessity for such caution. The education of the doctor and nurse must go further. They must be educated to cure disease and also to prevent it, even if such prevention does take the bread and butter out of our own mouths by lessening the number of "cases" which we have the opportunity of seeing. Not only must we, professional men and women, be educated, but the public should receive instruction which will help both themselves and us. At the last annual meeting of the Northern New York Medical Society, the President, Dr. Smith, took as the subject of his annual address the question of "An additional subject to the curriculum of our High Schools," and what he proposed was that the senior scholars should be given a course in personal hygiene and infectious diseases, pointing out that the latter were spread, to a very great extent, through the ignorance of the public of the necessity of complete isolation of all persons who were subjects of contagious affections. Education of the laity in things medical has been going on for centuries, but more especially of late years and, while some of the results have been objectionable, much has been accomplished in preserving and prolonging life. Look at the diseases which have been either practically stamped out or have had their virulence diminished by this means. The people of the Middle Ages had "The Plague" to contend against, epidemic after epidemic sweeping the country as thoroughly as our forest fires clear out whole districts every spring. In the 14th century, 25,000,000 people, or one-quarter of the population of the whole

*Delivered before the Montreal General Hospital Alumnæ Association.

of Europe, were destroyed by this disease, and during two years in the 17th century 68,000, or 1-3 of the population of London, died of it. The scientists and laity both began to study this dreadful malady, which was depopulating vast areas, with the result that they have been successful in practically causing its disappearance from civilized countries. To Venice much of the credit of this result is due, she being the first to recognize the value of isolation of cases and detention of suspects, establishing the first quarantine station in 1403.

Typhus fever is another disease which formerly claimed its thousands of victims yearly, but which now, thanks to the hygienic crusades which have been waged by both the laity and the profession, is one of our rarest diseases. Murchison tells us that in 1848 one million cases occurred in England, the disease also spreading to the Continent, but at present what few cases do occur are confined to the locality in which they originate, owing to improved methods of sanitation.

Smallpox formerly carried off about 500,000 each year in Europe. The great historian, Macaulay, says, "the havoc of the plague had been far more rapid, but the plague had visited our shores only once within living memory, but the smallpox was always present, filling the churchyards with corpses, leaving on those whose lives it spared the hideous traces of its powers, turning the babe into a changeling at which it mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to her lover."

What a change from the above has resulted from the discovery of Jenner and the education of the public in the appreciation of the inestimable value of vaccination, the death-rate from smallpox being practically a negligible quantity among the educated classes of the present day.

The education of the public in the care and detection of tuberculosis is having a marked effect upon the mortality from this scourge and we may look forward with some degree of hope to the day when a tuberculous patient will be met with as seldom as is one of typhus at present.

The foregoing leads up to the disease which I wish to bring especially before you this evening. It is one which we cannot hope to stamp out by the education of the public, but the mortality of which we can undoubtedly lower by teaching the laity to be on the lookout for the earliest symptoms and, upon their discovery, to consult their physician. I refer to cancer of the uterus, and I beg of you ladies to assist the physicians in teaching the women with whom you come in contact just as much about the disease as will place them on their guard against it, and intelligent scientific women can do this more efficiently and readily than can we men. This campaign which I am suggesting must be conducted in a most careful and delicate manner, so as not to cause unneces-

sary alarm. No man wants his female relatives to be living in constant dread of this disease, or that their first thought on waking up in the morning shall be, "I wonder if I have cancer yet," but he does want them to be prepared to suspect it when it does begin to show itself, so that they may have some chance of successful treatment.

According to the report of the Registrar-General of Births, Deaths and Marriages in England and Wales for 1907, 19,645 females died of cancer of the uterus during the years 1901-05, most of these being mothers of families. In the same report it is seen that the breast was the organ to be next most frequently affected, but there were 3,300 less deaths from mammary than from the uterine variety. During a period of ten years, there were 629 female patients affected with cancer admitted to the wards of the Montreal General and Royal Victoria Hospitals. Of these, the uterus was the seat of disease in 18.44 per cent, leaving 81.56 per cent. to be divided among all of the other organs of the body, of which the breast was the site in the majority of instances. As stated before, we cannot check the spread of this dread disease, but we can and should increase the percentage of operative cases which are seen by the gynecologist and so lower the rate of mortality, which is at present most appalling. On this continent, out of the large number of cases seen, not more than from 15 to 20 per cent. of patients present themselves sufficiently early to give rise to any hope of cure following even the most radical operative procedure. In Great Britain the percentage of operative cases is somewhat higher than here, reaching 30 per cent. The Germans, however, have been actively working up this scheme of education with their usual thoroughness and this has resulted in their being able to operate on 50 per cent., and, where the abdominal route is selected, 70 per cent. of all cases of uterine cancer seen by the physician. This is a very material advance, and there is no reason why we should not have as high a percentage of operative cases as the Germans. Our women are just as intelligent as their Teutonic sisters and all that they require is judicious education, judicious being written with a very large capital "J."

What are the women to look for?

One cause of failure of early recognition of uterine cancer is the absence of pain. It is a widespread, and often fatal, fallacy that one cannot have cancer without pain. This is a very great mistake, as pain is present in but a small proportion of cases until late in the progress of the disease, when it has spread beyond the uterine tissue and has implicated the uterine nerves.

While age is an important point to be considered in connection with the diagnosis of cancer, it must not be given undue prominence. The usual period at which this disease makes its first appearance is at or near the change of life and therefore

this time is one during which we must be on the *qui vive* for trouble, but I have seen it start in a girl of twenty-one and an old woman of seventy; which I think you will grant is a fairly extensive range.

The earliest symptom is hemorrhage from the uterus. This may be in the form of increased or prolonged flow at the menstrual period or else the appearance of traces of blood at the vaginal orifice after straining at stool or as the result of any of the causes of pelvic congestion, the latter being especially true in the case of married women. As time goes on and the disease advances, this hemorrhage occurs at times other than the above, apparently having no exciting cause, and in the later stages of the disease it becomes of very serious importance by undermining the strength of the patient. After the cancerous mass has begun to ulcerate and break down, the nature of the hemorrhage is almost characteristic. The patient will be quite well, when there is a sudden gush of bright red blood, which continues for a longer or shorter period, and then ceases almost as suddenly as it began. This is caused by the disease eating away the tissues around a vessel, and finally making its way through the vessel wall. The disease progresses and the flow of blood keeps up until the whole thickness of the vessel is eaten through and the inner coat contracts and so stops the escape of the contents of the vessel. Although, as previously stated, the appearance of blood from the uterus after the menopause must always be considered serious, I am glad to say that it does not always mean that the patient has cancer. It may be due to a form of endometritis, which, when it occurs in elderly females, is called "senile endometritis"; to myomatous disease, atheromatous changes affecting the walls of the vessels, displacements of the uterus or to some general systemic disturbance, such as any obstruction to the circulation. The diagnosis between these various diseases is usually comparatively simple, although the use of the curette may be necessary in some cases.

Another symptom which shows itself early is a leucorrheal discharge. This is, at first, thin and watery, but soon becomes thicker and, before the disease has advanced very far, becomes most malodorous. This odor cannot be compared to anything but itself. It is extremely strong, penetrating and clinging, being very difficult to remove from the hands, and is so characteristic of the disease that one can often tell, upon entering a room, that there is someone present who is the victim of cancer.

It must be remembered that abnormal hemorrhage and a malodorous discharge are the earliest symptoms of cancer of the uterus, and that they are the ones the presence of which should send the woman to consult her physician, but also that as the disease progresses other manifestations of the affection are present. The patient loses weight, as a rule, rapidly and she has what is

called a cachectic appearance. By this latter term is meant a deep sallow or muddy appearance of the skin, together with a drawn expression of the countenance. There may also be some rise in temperature, due to the breaking down of the tissue and the absorption of the products of decomposition, which produces a species of septic intoxication. The previous history, both family and personal, should be enquired into. On doing so, it will usually be found that the woman has had some laceration of the tissues of the cervix, either by the passage of a child or the forcible dilatation and tearing of that organ which at times accompanies the operation of curettage. Of course, childbirth is much more liable to precede the disease than mere curettage, as the laceration of the tissues during that process is so much more extensive, so that the patients are usually married women and the mothers of comparatively large families. It is the irritation of the scar tissue which increases the liability of parous women to this disease, and therefore it is the custom of most gynecologists to strongly advise women approaching the menopause who have lacerated cervices, especially if there is much scar tissue present, to have these lacerations repaired.

Varieties.—Cancer of the uterus is divided into corporeal or cervical, according as to whether the body or cervix is the seat of trouble, or, histologically, into squamous or columnar celled, but as each variety confines itself almost entirely to either the cervix or fundus, the former classification is sufficient for practical purposes.

As you are doubtless aware, the vaginal portion of the cervix is covered with large, flat, circular, mono-nucleated epithelial cells, which are spoken of as "squamous cells." At the external os, these cells gradually become cuboidal and finally, when the canal itself is reached, columnar. Consequently, when cancer attacks the vaginal portion of the cervix primarily, it is usually found to be of the squamous variety, while if it starts within the canal either of the cervix or true uterine body, it is columnar. Of course, there are exceptions to this rule, the two forms changing places as it were, but this is quite rare.

Rate of Growth.—The rate of growth depends chiefly upon the situation of the disease, that situated on the cervix increasing in size much more rapidly than when it is in the body of the uterus. Cervical cancer kills within two or two and a half years from its first appearance, whereas the corporeal variety is much slower, one case of my own, where I am glad to say that I can report a cure (she is well after a period of five years), had shown signs of cancer of the fundus for two years before she came under the observation of the physician who sent her to me for operation.

Treatment.—This will depend upon the stage of the disease when first seen. If that should be before it has spread beyond the uterus, the only thing to be done is to remove the whole organ,

notwithstanding the fact that Byrne reports excellent results from high amputation of the cervix where this is the seat of disease.

In more advanced cases, one can only make the patient as comfortable as possible and perhaps prolong life for a few months. Where the disease has not invaded either the bladder or rectum, all of the diseased tissue may be removed by the curette, the raw surface cauterized with the actual cautery and the cavity thus formed packed with gauze, saturated in pure formaline. This checks the hemorrhage and discharge and renders the patient's life more bearable to herself and friends. After this operation, or where the disease has spread too far to warrant an operation, the discharge may be rendered inoffensive by douching with various antiseptics, and the most efficacious for this is either creolin or formalin, using the douche as often as may be required. Where there is extensive bleeding, it may be checked by the hot douche (temperature of 120 deg.), or by packing the vagina and cervical canal, but of course these are only temporarily efficient and you may look out for an early termination of the case.

Various drugs have been tried, but without avail. Of late years, we have had our hopes raised by experiments which have been carried on, principally in England, in the use of trypsin, but, unfortunately, this has proved to be a failure.

The various kinds of "rays" or "lights" have received a fair trial, as has also radium, but they have also been found wanting and we have been thrown back on the old remedy of the knife, which must be applied early and freely.

And now, what about post-operative prognosis? The immediate mortality of the usual hysterectomies for cancer of the uterus is very low and need scarcely be taken into consideration when forming a decision as to whether or not a given patient should be operated upon. The remote result will vary with the daring of the operator, some attempting so much more than others, and with the site of the disease. Hysterectomy for disease of the fundus gives the patient a very good chance of permanent cure, from 60 to 75 per cent. of cures being obtained by the most expert operators. The outlook is not so promising in cases where the cervix is at fault. Some operators claim that there is no such thing as cure of a case of cervical cancer, but they are either pessimistically inclined or are unfortunate in their selection of cases. Statistics undoubtedly vary. Baldy reports 5 per cent. of cures, MacMonagle 100 per cent. of recurrences, Sampson 12 per cent. of cures, and Chas. P. Noble, in 1905, 18 per cent. of patients who had remained free from disease at the expiration of five years. My own results are based on too small a series, viz., seven vaginal hysterectomies, to be of value, but so far I have been very fortunate, obtaining a cure, judged by the five years' standard, in 42.8 per cent. On the Continent, the results have been better than in America, the percentage of cures ranging from 18 per cent. (Olshausen), to 40 per cent. (Schuschart).

To sum up, I hope that I have shown you:

1. Cancer of the uterus may be looked for at almost any age between 20 and 75, and especially among multipara.

2. The earliest symptom, and the only one of practical value if we are to see the patient in time to operate, is irregular uterine hemorrhage.

3. That in countries where the public have received a certain amount of education upon the subject, viz., those on the Continent of Europe, the proportion of operative cases to inoperative ones is high; and

4. That where there is a high operative percentage, there is also a high percentage of cures.

I hope, therefore, that I have convinced you, ladies, that you can do much to improve the Canadian statistics as to the curative percentage in cancer of the uterus, and that you will assist in the campaign against this dread disease.

F. A. L. LOCKHART.

THE PROPER LENGTH OF THE PERIOD OF TRAINING FOR NURSES.

Training Schools for Nurses, although in a certain sense numbered among technical schools, so-called, belong to the higher class of technical schools, in which theory and practice need to be combined. A training school cannot be like a trade school, because the nursing of the sick is the nursing of individuals and not the wholesale nursing of persons. Although general rules are laid down for certain classes of diseases, they must be applied by individual nurses to individual patients. Hence comes the necessity of imparting knowledge of principles upon which the practice of nursing can be grounded. Theoretical knowledge must, therefore, be combined with practical teaching. It is true that at first all practical teaching needs to be of a routine character, because the pupil nurse knows no method of nursing whatever, and must be taught to do everything in a prescribed manner. This must continue as in a trade until the eye and the hand have become trained, and what was at first routine becomes second nature. This, however, does not imply, nor is it desirable, that the nurse should remain a machine, and must ever after do the work mechanically in implicit obedience to the methods which she first learned. On the other hand, it is preferable, after she has become fully conversant with all the procedures and habits of her craft, that she should not remain a mere rule-of-thumb worker, contented with following blindly what she learned during her pupilage. She should rather be so well grounded in the principles which underlie her art, and so conversant with the reason

*Read before the Canadian Hospital Association.

for everything which she is called upon to do, as to be able to improve her methods of nursing, and to devise new methods for herself. To-day, in consequence of the improved methods of teaching, and the great extension of the field of nursing, and, above all, because of the increased demands made upon the trained nurse, we find a genuine demand for a longer period of training, and the necessity of post-graduate work even, if the nurse would fit herself for the satisfactory discharge of the duties of Superintendent of Nurses or Principal of a Training School. Out of this demand has grown the extension of the course from one year, as at first planned, to two years, and now very generally to three years.

For the time being, leaving out of consideration the question as to the exact length of any course, let us inquire what should be the requisites of a proper course of training of nurses.

I would set down, as the first requisite, a properly graded course. Those who received their medical training forty years ago will remember that at that period medical study was largely carried on by courses of lectures, which were repeated each year, and which were given impartially to first, second, and third year students, without any change to suit the necessities of these three classes. These lectures were generally too technical for the first year student, and not technical or advanced enough for the second or third year student. Probably the beginning of a better state of medical instruction, in the United States at least, came with a grading of the instruction, which was given so as to furnish proper instruction at the right point in the course for every student. The same has been true of courses of instruction for nurses. The schools did not improve until the courses were graded. Hence the first requisite is a graded course, not a course for one year dragged out over two years, or a course of two years stretched out to fit three years. To attempt this is to destroy the vigor and freshness of the pupil's grasp of the subject, and to encourage mental stagnation and ineffectual, because inconclusive, mental effort. The course should not have any vain repetitions, but every part of it should be fresh, and subjects should be treated consecutively, one fitting upon another and following it.

A second equally desirable requisite must be an arrangement of the hours of duty in the wards, so that the nurse may not be exhausted by physical labor to such a degree as to unfit her for study. She should have time to study and physical vigor enough remaining to pursue her studies effectually. The theoretical part of her work should be regarded as of equal value with the practical part. No one can make progress as a nurse if she is kept at hard physical labor for ten, twelve or fourteen hours each day. The bodily strength fails under the strain, and mental effort becomes well-nigh impossible. The first attempt to compress the period

of instruction into a year proved impossible, and in the interests of the nurse the course of study was extended to two years, with a shortening of the hours of service and a lengthening of the hours of study. Likewise, also, when it was found that the two years' course did not give sufficient time for study, and any attempt to pursue it involved too heavy a tax upon the physical and mental energies of the nurse, the course in many schools was lengthened to three years.

The third requisite of any course, therefore, in my opinion, should be the restriction of the amount of time spent in practical work to eight hours, with two hours at least of free time each day for study and preparation for classes and lectures.

A fourth requisite ought to be a preliminary training in the branches of nursing which have to do with the comfort of patients before any responsible ward duties are laid upon the nurse. This can well be done in the probationer stage of the nurse's training, so that when she is admitted to the ward for actual service among the sick, she may be able to serve them wisely. She should, for example, know how to cook and to serve a meal, how to apply a bandage, how to take a temperature and to draw a chart, how to make a bed, how to give a sponge bath or a bed bath, how to give an enema or a douche, etc. If she does not first know how to do these things which are essential to the care of a patient, she must learn them at the expense of the patient's comfort after she has been assigned to duty in the ward. We have all witnessed the distress of pupil nurses when abruptly ushered into wards while still in what I have heard termed a "trance state," to discharge important duties in connection with the sick, while absolutely ignorant of what they were to do or having never seen the instruments with which they were to work.

Fifth. The course of training while a happy union of practical work and theoretical knowledge, should be long enough to develop character and enable the authorities to determine the fitness of pupils to enter upon a career which presents unusual opportunities for good or evil to the sick and suffering.

The development of character, therefore, must be considered, after all, the end to be attained in all proper training of nurses. Where the aptitudes, tendencies, weaknesses, and capabilities of pupil nurses have been carefully studied, as they must be in a good training school, the danger of graduating degenerates like Jane Toppan and others is eliminated. This danger cannot be eliminated in any other way. Character, then, is an essential part of training, and time is required for its development.

Much also depends in this discussion upon what is meant by the term trained nurse. Is it a person who has acquired a practical knowledge of the care of the sick, and "just enough theoretical knowledge" of her work to get along with it under the constant direction and supervision of the physician, with little initiative

on her part, with little ability to do independent thinking, and without a thought beyond routine work in an elementary fashion; in other words, a neat, kind, affectionate, well-intentioned person, but without any outlook in life beyond her daily task? Or, on the other hand, do we understand, by the term, an educated attendant upon the sick whose character has been formed by a thorough discipline of mind and heart, who is grounded in the principles of her art and is possessed of an elementary knowledge of those branches of medicine upon which it is based—one who has familiarized herself with the practical side of nursing until it is second nature, but who has not been satisfied to thus limit her training? A skilled physician not only knows the principles involved in the successful care of the sick, but he must be able to do in practice what needs to be done. He must not only know how to make a blood count, a urinary analysis, a microscopic examination, a blood culture, a lumbar puncture, and the like, but he must also be able to do these, and many other things, practically. If he did them only as a matter of routine, because he had been taught to do them when a student, by his instructor, he would generally fail to get much benefit from them, because of inability to apprehend their importance and true significance. His knowledge must be broad and deep to be effective. So also of the nurse. It is true that she must be able to give a typhoid bath, to know how to sterilize instruments, to arrange the field of an antiseptic operation, to dress a wound, to give a hypodermic injection, to prepare a solution, to dress an infant, to take a body temperature, to measure the urine, to count the respirations, to take the pulse rate, to record all the phenomena of diseases—these and a thousand other things she must do. She cannot, however, do them well, or continue to do them increasingly better, unless she has a familiarity with the principles upon which their successful and correct doing depends. She must know why sterilization and disinfection are needed, what the proper dose of any remedy is, what the symptoms are which indicate a change in the course of the disease, what to report to the physician, and, above all, to know when danger is imminent, so that he may be summoned. These require not intuition, a kind heart, and a practised hand alone, but knowledge, and such knowledge as can come only from prolonged training in both principles and practice. All trained nurses, and not hospital nurses only, require this, just as all trained nurses should be familiar with every form of nursing, or, rather, with the nursing of every form of disease.

It may not be inappropriate for me to outline the graded course of study in a training school with which I am most familiar. During the preparatory course, which covers six months, theoretical instruction is given in the chemistry of foods, in anatomy and physiology, materia medica, and hygiene, with systematic demonstrations in the elementary essentials of nursing and bandaging.

Added to this, there are practical daily exercises, divided among four groups of probationer nurses, in cooking and serving food, and the care of kitchens and pantries and storerooms, in the care of rooms and bed-making, and in the pharmacy, in the preparation of dressings, the making up of solutions, the disinfection of dressings and applications, and, finally, practical service in the out-patient department, where they come in contact with all sorts and conditions of patients. She is also gradually introduced during this period to do simple things in the wards under the direction of experienced nurses, so that when she undertakes responsible work she is no longer a novice.

During the last half of the first year instruction is given in hygiene, general medicine, infectious diseases, and orthopedics, by lectures, recitations, quizzes, and regular practical work, eight hours daily, in the wards of the hospital. During the second year there are systematic lectures and recitations in medicine, surgery, and gynecology, the examination of urine, massage, etc., with regular practical work in the wards. In the third year there are lectures, recitations, and demonstrations in obstetrics, pediatrics, nervous diseases, insanity, diseases of the special senses, and practical nursing of all these classes of patients, also of private patients; also lectures and classes upon public and private charities, settlement work, and work in institutions and families. By this arrangement there are given five months each of medical, surgical and gynecological service in the free wards of the hospital, five months of duty in private wards, divided among the three services, two months of special duty with individual patients, two months of duty in the obstetrical ward, three months in the operating rooms, and one month in the out-patient department, a total of 28 months, which, together with two months of vacation, make up the thirty months of time which remain after the completion of the preliminary course of six months. In my opinion this time is all well spent, and no pupil nurse has reason to complain of having received too much theoretical or practical training. A detailed schedule of this work I will have printed as an appendix to this paper.

The conclusions which I have reached, after much thought, may be briefly summarized as follows:

1. A course of three years is advisable only where shorter hours of service have been established, and where the hospital is large enough to give a good training in all branches of nursing. In such a hospital the course of training should be a graded one, and each year of it should be carefully suited to the knowledge and increasing capacity of the student. Such a course is not advisable in a special hospital, where the training is confined to surgery or gynecology or obstretrics, or the care of infants and small children.

2. In the matter of training, the smaller and the larger hospitals should combine and co-operate to supply the deficiencies of each

other. Many of the smaller hospitals should content themselves with giving a preliminary course preparatory to admission to a larger hospital. To take young women for two or three years' training in a single specialty is unjust to the pupil nurse and unjust to the public. Such nurses after the first year should be passed on to larger hospitals with more patients and larger opportunities for training. Many pupils come to the larger hospitals very imperfectly trained, and they would have been much more useful to the hospital, and much better fitted to profit by training, if they had received a preliminary training in a small hospital. In any educational system the grammar school should precede the high school, and the high school should precede the college. The grammar school may call itself a high school and the high school a college, but neither has any reason to complain if the true character of each school is plainly pointed out. Names do not signify, after all. The grammar school can only give a grammar school education, and the high school likewise. These special schools, which pretend to do what they cannot do, are guilty of fraud towards the nurses, whom they pretend to train, and equally a fraud upon the public, when they launch these imperfectly and inadequately trained nurses upon the world as trained nurses. It is the duty of all parties to meet the situation honestly and to co-operate to remedy all abuses. The schools established for commercial reasons, like the medical schools, once established for private gain, should cease to exist or content themselves with giving preliminary courses of training. We have all heard, and shall continue to hear until the end of time, of the need of providing second and third rate people to do what may be termed second and third-class work. An excellent woman, who was remonstrated with by a relative for encouraging her son, who had little or no ability, to prepare himself for the gospel ministry, said in defence: "I know he is a second-rate man, and always will be, but I believe there are second-rate souls to be saved." The incompetent son did become a clergyman, but I have never heard that any souls of the second, or even third, class were saved by him. The same is true of the medical profession. The plea for better-educated physicians is always met by the statement that villages and secluded hamlets exist where well-educated men will not go, and that, consequently, ignorant and incompetent men must be turned out from the medical schools to minister to the wants of these men. An experience with pioneer conditions when a boy has taught me, on the contrary, that good men, and well-trained men, do go to these neglected communities, and that poorly-educated men are much more inclined to go to thickly populated sections of the country, where they often displace much better men, and constitute a standing menace to the public health and private welfare of every large community. We cannot afford to suit our educational requirements to the capacity of those who

have no right to enter the medical profession, but rather should establish a standard which will exclude them. It is better to be without physicians than to depend upon drunken, ignorant men, who have no conception of the duties, responsibilities, and moral requirements which belong to the medical profession. The same is true of the training of nurses. Attendants upon the sick exist in every community and every family. Their mission is God-given. Noble, self-sacrificing, if untrained, women have always existed, and always will, to bless their relatives, friends, and neighbors by their presence and care in sickness. They are not trained women, however, and no good can come from allowing them to assume the title or attempt to discharge the general duties of a trained nurse. They are wives and mothers with other cares, and their work as nurses may be regarded as fortuitous, and almost accidental. If prompted by affection and duty, they assume the care of a sick member of the family, they do not in any sense become rivals to members of the nursing profession, and their existence can be no argument for lowering the standard of training of those whose business it is to care for the sick. The self-educated clergyman, the natural-born doctor, the backwoods lawyer, and the imperfectly trained teacher, if fit to do their work, feel the need of a better education, and make no attempt to lower the educational standards of other ministers, physicians, lawyers, and teachers, but, on the other hand, are stimulated by a higher standard to supplement their own deficiencies by summer schools or home study.

3. Courses of training for nurses should be standardized, and no one should bear the title of Registered Nurse who has not been fully trained in the various branches of nursing. The small hospital or the special hospital should pass on their nurses to larger hospitals, and these should make arrangements to supplement and complete their training. Special private sanitaria or hospitals, owned by physicians, and maintained for their own patients, should cease to operate training schools, but should supply themselves with nurses who have already received training. Nurses should not spend two years, or even one year, in a limited specialty.

In the hospital with which I am connected we have for several years given supplementary instruction to the training schools connected with two or three other hospitals, where the service is of such a character as to render it impossible to give the requisite training. One of them sends pupil nurses for training in medicine and obstetrics, a second for training in obstetrics, and a third for a general training in the work of the third year. It has been a duty and a pleasure to assist these young women to thus complete and round out their training.

GENERAL PLAN OF A THREE YEARS' COURSE OF PRACTICAL INSTRUCTION.

First Year.

First Six Months (Probation Period):—

(a) Four to four and a half months in Preparatory School.

(b) One to two months in wards, before being accepted. This is to test the student's fitness for the work of nursing. In the wards the student begins with the simpler work, such as:—The care of beds, mattresses, pillows, blankets, and the linen; making beds of all kinds; dusting and care of ward furniture, etc.; care of linen rooms, folding and stacking of linen; care of bathrooms, lavatories, etc.; care of patients' clothes closet, the clothing, etc.; care of rubbers, dressing basins, and instruments; care of convalescent patients, assisting in getting them up, etc.; assisting in serving meals and nourishments.

Second Six Months:—

All practical instruction during this time is given in the free wards of the hospital, and pupil nurses are not placed on duty in the private wards until they have completed their first year in the school.

Day Service:

The practical nursing work in the ward is classified and arranged according to the service, and whether male or female patients, a certain number of pupils from each class in training are placed on duty, and so much work is assigned each one according to the amount of experience she has had, or her standing in the school.

To avoid the frequent changes that an eight-hour day arranged with three relays of nurses would cause, the hours are arranged as follows: (Day nurses go on duty at 7 a.m.; night nurses go on duty at 9 p.m.) The following schedule of hours is given as an example of the arrangement in wards for women and men respectively:

Schedule of Hours

Women's Surgical—40 Patients
Head Nurse in Charge

Pupils	On Duty	Off Duty	On Duty
Senior	7-10	10-2	2-7 P.M.
Senior	7-1	1-7	7-9 "
Intermediate	7-11	11-1	1-5 "
Intermediate	7-1	1-5	5-7 "
Junior	7-11	11-1	1-5 "
Junior	7-10	10-2	2-7 "
Junior	7-1	1-7	7-9 "

Schedule of Hours

Men's Surgical—30 Patients
Head Nurse in Charge

Pupils	On Duty	Off Duty	On Duty
Senior	7-10	10-2	2-7 P.M.
Intermediate	7-1	1-7	7-9 "
Intermediate	7-1	1-5	5-7 "
Junior	7-11	11-1	1-5 "
Junior	7-12	12-4	4-7 "

The above arrangement of hours provides at all times one of the younger nurses on duty with the older and more responsible nurses, so that they are in training for that special work later on. Also this method allows more uniformity in the work, as, for instance, a nurse in the private wards will be assigned the diets for one month, and have these hours:

7—9 a.m. prepares and serves breakfasts; off duty until 1 p.m., when she returns and remains on duty until 7 p.m., serving dinners and suppers and attending to the afternoon ward work for the entire month.

This arrangement has proved more than satisfactory in every way:—

1. One person is responsible for the handling and care of all food materials;

2. As she knows the patients' likes and dislikes, much food is saved in the serving.

The same method holds good in all the various phases of nursing routine. Certain pieces of work are given to a nurse for a definite period of time, such as:

The temperatures, charting, and medicines;

The care of bed patients;

The ward treatments;

The responsible work of the ward from 7 p.m. until 9 p.m., before the night nurse goes on duty.

This arrangement of hours also provides responsible nurses on duty during the afternoon class hours for the pupils.

NIGHT SERVICE:

Night nurses' hours on duty, 9 p.m. until 7 a.m.

Average night duty throughout the three years is five months.

Time:—Two months at completion of first year; two months at completion of second year; one month in senior year in the Obstetrical Ward.

INSTRUCTION GIVEN THE STUDENTS DURING THE SECOND AND THIRD YEARS.

First Half of Intermediate Year:

The pupils receive instruction in practical work in the men's and women's, medical, surgical, and gynæcological private and free wards, and in the isolating ward.

Second Half of Intermediate Year and Senior Year:

The instruction during this term includes obstetrics, children, nursing of nervous patients, operating room, technique, dispensary, and special duty in our own hospital wards.

It has been found that by carrying the emergency work in the Maternity Ward and Operating Rooms, where the services of the nurse are required for a longer time on duty than the regular eight-hour day provides, over the last half of the course of practical instruction, the pupils endure the work much better than when this special training was given during the last five months of the third year. This method also provides nurses on duty in these departments from two classes, thus allowing a proper number on duty, when the other pupil nurses are attending classes.

Class and lecture work covers the period from October 1st to May 1st of each year. Lectures are all given in the afternoon between four and six o'clock.

DISTRIBUTION OF TRAINING THROUGHOUT THE THREE YEARS.

Free Wards—		
Medical work	5	months.
Surgical work	5	"
Gynæcological work	5	"
Private Wards—		
Ward work	5	"
Special duty	2	"
Obstetrical Ward	2	"
Operating Rooms	3	"
Dispensary	1	"
Vacation	8	weeks.
Total	30	months.
Preparatory School	6	"
Total	36	" (3 years.)

In charge of wards.....4 to 5 months.

(This opportunity is given only to those who show executive ability.)

JOHNS HOPKINS HOSPITAL SCHOOL FOR NURSES.

SCHEDULE FOR THE YEAR.

Preparatory Class: The class is divided into groups. These groups are interchanged at the end of certain periods, and are detailed to the various departments daily for instruction.

Autumn Term—From August to February.

Spring Term—From February to August.

Group I.—Food supplies, cookery, and service; kitchens, pantries, storerooms, etc.

Group II.—Care of the household: bed rooms, linen rooms, bath rooms, pharmacy (9-1 daily), etc.

Group III.—Surgical supply room: preparation of dressings, appliances, solutions, disinfectants, etc.

Group IV.—Out-patient department: clinics, preparation of rooms, patients, apparatus, dressings, etc.

FROM DECEMBER TO MARCH AND FROM JUNE TO SEPTEMBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2.30-4.30 P.M.			2.30-4.30 P.M.	
	BANDAGING			BANDAGING	
4 P.M.	Class in two Divisions		4 P.M.	Class in two divisions	
Materia Medica	1st division, 2.30-3.30 P.M.		Hygiene	1st division, 2.30-3.30 P.M.	
Recitation	2nd division, 3.30-4.30 P.M.		Recitation	2nd division, 3.30-4.30 P.M.	
Demonstration	Demonstration		Demonstration	Demonstration	

FROM SEPTEMBER TO DECEMBER AND FROM MARCH TO JUNE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2.30-4 P.M.	2.30-4 P.M.	2 P.M.	2.30-4 P.M.	2.30-4 P.M.	2.30-5 P.M.
Chemistry of Foods	Anatomy and Physiology	Anatomy and Physiology Lecture	Chemistry of Foods	Anatomy and Physiology	Anatomy and Physiology. Laboratory.
	11 A.M.		11 A.M.		11 A.M.
	Elements of Nursing		Elements of Nursing		Elements of Nursing
	Demonstration		Demonstration		Demonstration.

This course is given twice yearly, and classes are admitted in February and August of each year. Class work is supplemented by visits to markets, manufactories, etc., announcements of which will be made during the season. From January 1 until May 1 at specified dates the spring and autumn classes unite for lectures in Hygiene, Bacteriology, General Medicine, Infectious Diseases, Orthopædics.

INTERMEDIATE CLASS

	Monday	Tuesday	Wednesday	Thursday	Friday
		5-6 P.M. LECTURES	3-5 P.M. RECITATIONS AND DEMONSTRATIONS		3-5 P.M. RECITATIONS AND DEMONSTRATIONS
From October until May 1, each year.		General Medicine.	Analysis of urine.		Analysis of Urine.
		General Surgery.	Surgical Nursing.		Surgical Nursing.
		Gynecology.	Gynecological Nursing		Gynecological Nursing.
			Massage.		Massage.

SENIOR CLASS

	Monday	Tuesday	Wednesday	Thursday	Friday
	5-6 P.M. RECITATIONS AND DEMONSTRATIONS			5-6 P.M. LECTURES	5-6 P.M. LECTURES AND CLASSES
From October until March 1, each year.	Obstetrical Nursing.			Obstetrics.	Public and Private Charities.
	Nursing of Infants and Children.			Pediatrics.	
				General Medicine.	Settlements.
	Nursing of the Nervous and Insane.			The Nervous System.	Professional Work in Institutions and Families.
				Insanity.	
	Nursing of some Special Diseases.			Diseases of the Special Senses.	

HENRY M. HURD, M.D.

Baltimore, Md.

OTTAWA BRANCH.

The tenth annual report of the Ottawa branch of the Victorian Order of Nurses is most gratifying. It shows that the nurses cared for 631 patients during the year, making 7,598 visits. This is 158 patients and 1,748 visits more than last year.

Seventy-five doctors of the city have employed the nurses, and they, one and all, speak very highly of the valuable assistance rendered them in the care of the sick by the nurses. One of them writes: "It affords me great pleasure to acknowledge a continuance of the good work which is being done by the Victorian Order of Nurses. It is a great blessing to our poor to have within their reach the services of a trained nurse, who, not only attends to the general comforts and immediate treatment of her patient, but demonstrates, in her work, modern ideas of hygiene, of which so many of our poorer classes are absolutely ignorant. Allow me to take this opportunity of expressing my thanks to the management for their promptness in attending to calls, and to the nurses for the faithful, conscientious care they give their patients."

On January 1st, Miss Edith Hardy resigned her position of District Superintendent, and Miss E. Hester Hardinge, of Montreal, was appointed as her successor.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, or to the District Lady Superintendent, 206 Spadina Ave., Toronto, Ontario.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Par*

CANADIAN DISTRICT.

Montreal.—1st Tuesday, 6.15 a.m., Holy Communion, M.G.H.; 2nd Tuesday, 4 p.m., Guild meeting or social; 3rd Tuesday, 8.15 p.m., Guild service; 4th Tuesday, 6.15 a.m., Holy Communion, R.V.H. District Chaplain, Rev. A. French, 158 Mance Street. District Superior, Miss Stikeman, 216 Drummond Street. District Secretary, Miss M. Young, 59 Park Avenue.

Ottawa.—1st Monday, 8.15 p.m., the Cathedral. Chaplain, Rev. Canon Kittson, The Rectory.

Toronto.—Last Friday, 8.15 p.m., St. James Cathedral. Chaplain, Very Rev. the Dean. The Close.

Quebec.—4th Tuesday, 8.15 p.m., All Saints' Chapel. Chaplain, Very Rev. the Dean. The close.

It was a great pleasure to me, a few weeks ago, to receive a letter from the Very Rev. the Dean of Quebec, telling me they wished to start a branch of our Guild there, and asking for the necessary information. I at once went to see the District Chaplain, and finding he was unable to go to Quebec, I decided to do so; in the meanwhile he wrote and appointed the Very Rev. the Dean as Chaplain, and I appointed Miss Jarvis, army nurse at the Citadel Hospital, as Superior of the new branch. The opening service was held in All Saints' Chapel in The Close, on 21st March, the eve of the Annunciation of the Blessed Virgin Mary, which formed the subject of a very earnest little address given by the Chaplain. There were fifteen nurses present, three of whom were admitted as associates. After the service we all adjourned to the Dean's house, where Mrs. Williams gave us a delightful tea. This gave me the opportunity of meeting the nurses and of telling them some of the old traditions of our Guild. They were all much interested, and several expressed a wish to join at the next meeting. Mrs. Bigg kindly undertook the duties of Secretary-Treasurer. This is the fourth branch we have opened. We would like to do the same in all the large towns in Canada, so that when our members leave us they may find the same privileges elsewhere.

ANNIE STIKEMAN,
District Superior.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.
—Sir Walter Raleigh.

LAST WORDS.—I wish to record that loving-kindness and mercy have followed me all the days of my life, that firm faith in God is the sole firm stay in mortal life; that all other ideas but Christ are illusory; and that duty is the one and sole thing worth living for. *—From the last words of A. W. Potts, first Headmaster of Fettes College, Edinburgh.*

LIKE CHRIST.—But if you would be like Christ, you must, like Him, be "acquainted with grief." You must open your hearts to an ever-widening circle of your fellows, who stand in need of your help. You must let the tendrils of your love cling to every one with whom God brings you into contact—not only to the good and gentle and refined, with whom it is a pleasure to have intercourse, but also to the unlovely, the disagreeable, the disgusting. You must make their wants, sorrows, trials, your own. You must suffer, but it will be blessed suffering, for it will bring you nearer to God. It will be suffering with the kernel of joy at the heart of it. You will enter into "the joy of your Lord"—joy over the lost found, over the banished brought home, over men set free from the bondage of sin and brought into the glorious liberty of the sons of God. Who that knows Christ would not willingly share in the suffering that he might enter into the joy? —D. J. MACDONNELL.

The Canadian Nurse

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Editorial.

The Editorial Board are proud of and grateful for the support that the magazine has received. It has flourished even in hard times. One thing only remains to do. Make the subscription list of THE CANADIAN NURSE 3,000, instead of 1,500. Everybody help. The Board has decided to send the magazine, up to the end of 1908, to new subscribers for fifty cents. Hospital officials, doctors, nurses and their friends will readily subscribe this sum if you ask them. Do it now.

HONOUR TO WHOM HONOUR IS DUE.

We have great pleasure in presenting to our readers an important paper by Dr. Henry M. Hurd, Medical Superintendent of the Johns Hopkins Hospital, of Baltimore, and in opening our columns to the discussion of the question that Dr. Hurd has thus ably dealt with. We read in this article with pleasure and interest the result of the good work done at the "J. H. H." by Mrs. Robb and Miss Nutting, noble representatives of the profession.

In the year when THE CANADIAN NURSE was first published one of our articles was simply stolen without a word of acknowledgment by a certain so-called Nursing Journal, which misrepresents the nursing profession in another and a distant land. We wrote a respectful remonstrance and received the truly remarkable reply that the name of THE CANADIAN NURSE had not been mentioned because they "felt that everyone would guess the source of the article."

Dr. Hurd, for whom we have a high respect, has not done himself the honour of mentioning Mrs. Robb and Miss Nutting, of whose work he writes. It could not have been from any unworthy motive, for we think him both just and generous. It must have been because he "felt that everyone would guess the source" of the work and the success of the Training School for Nurses in the Johns Hopkins.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

We offer sincere congratulations to the President and Officers on the incorporation of the Association, as announced by the President, Miss Brent, at the annual meeting. This is indeed a step in advance, and was a happy announcement to make at the annual meeting.

Editorial Notes.

GREAT BRITAIN.

Professional Organization.—A writer in *Nursing Notes*, of last month, says, referring to nurses in Canada: "There is no system of general examination, or of state registration, nor does there appear to be any professional organization among the nurses, except a branch of the Royal British Nurses' Association!" Why does the writer not subscribe for THE CANADIAN NURSE, and then she would know better?

Nurses' Missionary League.—Morning, afternoon and night of the day of meeting were occupied by the conference of the League last month. There are now 700 members, and many of these were present, some from the foreign field, one of whom declared that when nurses heard missionary work criticized they should defend it with courage, remembering it was not only work *for* Christ, but work *with* Him.

Regular Reserve of Nurses.—The Secretary of State for War announces the formation of a Regular Reserve of Nurses in connection with Queen Alexandra's Imperial Military Nursing Service. Regulations for admission will shortly be issued.

Nurses' Day.—Tuesday, June 23rd, will be "Nurses' Day" in the Pan-Anglican Congress. The subject of "Vocation" will be the subject of the day.

Distsict Nursing.—There are now over 1,100 Queen's Nurses, but there are 50 more needed, and great efforts are being made to obtain increased support, so as to provide for those places that need a nurse.

ENGLAND.

A Surprise Visit.—"The Queen and the Empress are in the hall" was the first intimation that the matron of the Alexandra Hospital for Children with Hip Disease had of a charming Royal visit. The Queen and the Empress stopped at every bed, and spoke to every child.

Catholic Nurses' Guild.—Catholic nurses who visit London may like to know that there is always a list of the meetings of the Guild to be seen at Westminster Cathedral, St. George's Cathedral and at the Jesuit Church, in Tower Street.

SCOTLAND.

New Nursing Home.—The new and beautiful McAlpin Nursing Home, at Glasgow, has just been opened by Lady Inverclyde.

CEYLON.

The Nursing Association.—Lady McCallum, wife of the Governor of Ceylon, is endeavoring to obtain funds for a residence for the eleven nurses of the Ceylon Nursing Association.

Official Department.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

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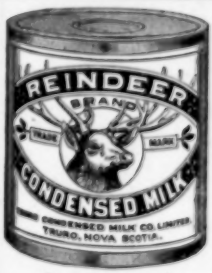

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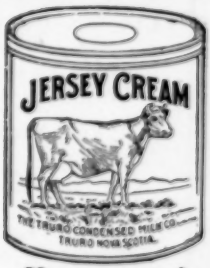

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Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The fifth annual meeting of the Association was held at the Nurses' Residence, of the Hospital for Sick Children, Toronto, on Saturday, April 18th, at 2.30 p.m.

The President, Miss Brent, Superintendent of the Hospital for Sick Children, presided, and after opening the meeting by prayer, delivered an interesting Presidential Address, in which she referred to the progress of the Association, which now numbers 268, but expressed regret that the number of applications for membership was decreasing, the figures being 14 in 1907, 32 in 1906, 69 in 1905, and 84 in 1904. The President also encouraged the Society to persevere in their efforts to obtain registration, and announced that the Association is now incorporated under a Provincial Charter. Other important topics referred to by the President were the need of a Canadian National Association of Nurses, and the good work done in the formation of Local Branches of the Association in Ottawa, Hamilton, Toronto and elsewhere.

The Treasurer, Miss Hamilton, reported as follows:

Balance on hand	$ 49.17
Fees received	187.00
Unpaid Fees	87.00
Disbursements	166.00
Cash on hand	76.27

The report of the Corresponding Secretary, Miss Stewart, directed attention to the necessity of making changes in the Constitution, to enable duly qualified nurses, residing out of Ontario, to retain and obtain membership.

A touching reference was made in the report to the great loss sustained by the Province and by the Association in the death of the Hon. J. W. St. John, and of Miss Chilman.

After discussion, it was finally decided that all nurses of good standing outside the Province, or who were nursing in American cities, should be admitted into the Association.

Miss Morton, of Collingwood, read a most interesting paper

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on the "Canadian Nurse." Miss Crosby then gave a paper on the history of THE CANADIAN NURSE, after which Dr. MacMurchy, Editor of THE CANADIAN NURSE, congratulated the Association on the energetic and loyal way they had established and supported their own journal. Compared with the 80,000 nurses in Great Britain, and perhaps 40,000 in the United States, the 4,000 Canadian Nurses have done nobly in founding and maintaining THE CANADIAN NURSE.

Miss Hodgson, Night Superintendent of the Lakeside Hospital, who had come all the way from Cleveland to be present at the meeting, spoke enthusiastically of the management of THE CANADIAN NURSE, and the advantages of having a representative Editorial Board, rather than a stock company.

Dr. Parsons gave a paper on "Tuberculosis," in which he reviewed the work done in the city by a tuberculosis nurse. His paper was listened to with marked interest, and a hearty vote of thanks of the Association was extended to Dr. Parsons. THE CANADIAN NURSE has requested the privilege of publishing this paper.

The Officers for 1908 were then announced: President, Miss Patton, Grace Hospital, Toronto; First Vice-President, Miss Robinson, Galt; Second Vice-President, Mrs. Tilley, Kingston; Recording Secretary, Miss Julia Stewart, Toronto; Corresponding Secretary, Miss Green, Toronto; Treasurer, Mrs. Roden, Toronto.

Board of Directors: Miss Brent, Toronto; Miss Mathieson, Toronto; Miss Barwick, Toronto; Miss Woodland, Toronto; Mrs. Greer, Toronto; Miss Lennox, Toronto; Miss Hamilton, Toronto; Mrs. Yorke, Toronto; Miss Paffard, Toronto; Miss Christie, Toronto; Miss Eastwood, Toronto; Miss Graves, Toronto; Miss Gray, Toronto.

Representatives for the National Council of Women: Mrs. Roden and Miss Crosby.

Representatives for THE CANADIAN NURSE: Miss Lennox and Miss Mary Gray.

Miss Bowerman gave a brief address on the "Graduate Nurses' Club," showing the progress of the Club, and asking for the co-operation of the nurses in endeavoring to make the Fair of All Nations, which takes place in the autumn, a success.

A cordial invitation was extended to the members to a reception at the "Brown Betty" at 8 p.m.

A hearty vote of thanks was tendered to Miss Brent and Mr. John Ross Robertson for their great kindness in allowing the G.N.A.O. the use of the reception hall of the Nurses' Residence for the annual meeting.

After the meeting adjourned, tea was served in one of the charming sitting-rooms of the Nurses' Residence.

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THE CANADIAN HOSPITAL ASSOCIATION.

The Second Annual Convention, held in the Parliament Buildings, Toronto, on April 20th and 21st, was a pleasant and successful meeting.

The President, Miss Brent, occupied the chair, and delivered a thoughtful address on "Some Problems of Hospital Organization, and the Need of Co-operation Among Hospital Workers." This was followed by an able paper by Dr. W. J. Dobbie, of the Weston Sanitarium, on "How to Deal With Tuberculosis as a Social Problem." Dr. Dobbie's suggestions were eminently practical, and were received with favor by the Association, especially his urging education in regard to tuberculosis. Dr. Gordon, Dr. Kendall, Dr. Bruce Smith, Mr. John Ross Robertson and others took part in an excellent discussion, it being generally agreed that we must strive to educate the public, and especially the rising generation, about tuberculosis.

The next paper was by Dr. Helen MacMurchy, Editor of THE CANADIAN NURSE, on "The Milk Supply," and was followed by a paper on "Fumigation," by Dr. A. D. MacIntyre, Superintendent of Kingston General Hospital. The Doctor does not think that the formalin disinfection is effective unless moisture is present in all the articles disinfected. Several members of the Association declared their intention of repeating fumigation experiments.

In the evening, the Association enjoyed the hospitality of Miss Brent and Mr. John Ross Robertson at the beautiful Residence of the Children's Hospital.

On Tuesday, Dr. Charles Sheard delivered an instructive address on "Contagious Diseases, in Relation to Hospital Management," pointing out especially the dangers caused by visitors being admitted. Other addresses were those of Dr. Clarke, on "Psychiatric Hospitals"; Mr. Del Sutton, on "Hospitals and the Public"; Miss Gray, on "The Care of Incurables," and Dr. Hurd, on "The Proper Length of the Period of Study for Nurses."

THE CANADIAN NURSE hopes to publish the last two papers..

The following are the Officers for the ensuing year: President, Dr. W. J. Dobbie, Weston; Vice-Presidents, Dr. A. D. Macintyre (Kingston), H. E. Webster (Montreal), Miss Brent (Toronto), W. W. Kenny (Halifax), L. L. Cosgrove (Winnipeg); Secretary, Dr. J. N. E. Brown, Toronto; Treasurer, Miss Patton, Toronto.

The Opsonic Theory

Demonstrates the Scientific Value of

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THE resisting power of the body against disease is relative to the opsonic value of the blood, and the severity of a localized disease process depends largely upon the retardation of the flow of the blood to that part.

The phagocytes may gather, but unless they receive the full amount of the normal flow with its opsonins, resisting power is lost and suppuration takes place. We must either increase the opsonic index of the blood so that the small amount flowing through the infected part may be of normal opsonic value, or, what is simpler and as effective, dilate the blood-vessels and let the blood, with nature's own method of combating disease, circulate through the area desired.

Heat dilates the blood-vessels, but to be effective it must extend to the periphery of the infected area, when it will not cause suppuration by increasing the bacteria. An antiseptic poultice is the best method of conveying heat. There is but one method of poulticing which commends itself to thinking physicians, and that is with the antiseptic, hygroscopic, plastic dressing—

Antiphlogistine

(Inflammation's Antidote)

Correspondence

421 Oxford St., London, W.

DEAR MISS CROSBY,—When are you going to have a National Council of Nurses of Canada? It is time, why not start, and come into affiliation with the International next year, 1909, when we hope to have a splendid meeting. Denmark, Holland, and Finland have already applied for affiliation. Our Colonies and Dominions are behind in women's organizations—they are too parochial. The world is a very wee place, and too many narrow circles attempt to ignore that fact.

Yours very truly,

ETHEL G. FENWICK,

Hon. President The International Council of Nurses.

Indian Hospital, Lizard Pt. Reserve, Rossbum.

DEAR MADAM,—My work is exclusively among the Indians, who number in the neighborhood of two hundred.

The Dominion Government very generously donated two excellent tents in which to treat scrofulous patients. They are specially adapted for winter, as they are double and nicely fitted up.

We have kept the hospital going all winter and met with very good success.

Our attending physician, Dr. Wright, visits the Reserve on an average once in two weeks, and performs the necessary operations.

I like the work very much, and while a little lonesome at times, as I am the only white person on the Reserve, I feel great good is being done for those suffering from the "white plague."

The beautiful spring has brought myriads of ducks that play among the small lakes and lend enchantment to the eye.

I have an Indian, Hugh McKay, and his wife living in the next house who have been educated, and thus assist me materially in my work. We are starting a garden and expect to raise a quantity of vegetables, and give the patients exercise removing the weeds.

I visit the different houses on the Reserve, and lend assistance to any who may need my services, advising them of the importance of ventilation and fresh air.

I shall be pleased to send you another letter at a later date, as I do not wish to be too lengthy.

Yours truly,

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Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS ELLIS (T.G.H., '07) has been appointed Second Assistant in the Training School for Nurses, of Toronto General Hospital.

THE Hospital Board of Grand Forks, B.C., have been fortunate in obtaining the services of Miss E. MacKnight, who has just been appointed to the position of Superintendent of the Hospital.

THE Board of the Royal Columbian Hospital, New Westminster, B.C., has decided to at once proceed with the erection of a new Isolation Building, and to greatly improve the Maternity Hospital.

MISS SCOTT, Second Assistant in the Training School for Nurses, of Toronto General Hospital, has resigned her position, having accepted the position of Superintendent of Calgary General Hospital.

A PROVINCIAL Charter of Incorporation has been issued to the Welland County Hospital. It is a Company without share capital, with power "to erect and maintain a General Hospital, or Hospitals, and a Training School for Nurses in connection therewith."

THE regular monthly meeting of the Central Registry Committee was held at 644 Spadina Avenue, Toronto, Monday, May 4th. Members present, 8. Registrar's report showed calls for April to number registry, 108; personal, 13; nurses enrolled, 250, and 6 applications to consider. Savings Bank account, $500.00; current account, $26.63; in hand, $52.00. It was decided to hold the Registry Birthday Party on the evening of June 1st, at the "Brown Betty," and we hope all the members will keep this in mind.

FOR the second time, a large cast of local players, principally children, has scored a tremendous success in the charming opera, "The Toy Shop," given in the Opera House, Vancouver, on April 24th and 25th, under the sole direction of Miss Margaret R. Martin. The Vancouver public are again deeply indebted to Miss McEnnery, President, and Miss A. Robertson, Secretary, of the Girls' Auxiliary (V.G.H.), for their splendid enterprise and work in arranging for the production of so admirable a performance in aid of our General Hospital.

THE Annual Meeting of The Lady Stanley Institute Alumnae Association was held in the Institute, Tuesday, March 10th, at 3 p.m. The following officers were elected: President, Mrs. C. T. Ballantyne; 1st Vice-Pres., Miss McColl; 2nd Vice-Pres., Miss Morgan; Sec.-Treas., Miss Gallaher; Directors, Miss Wallace, Miss McNeice, Miss Bradley.

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New Hospitals are to built at Summerland, B.C., and Sydney Mines, N.S.

The new Welland County Hospital, at Welland, Ont., will cost about $20,000.

St. Joseph's Hospital, at Victoria, B.C., graduated a class of six nurses last month.

Plans have been prepared for the new Calgary General Hospital. The hospital will cost $140,000.

Winnipeg General Hospital has just received two gifts of $1,000.00 each from two of the most generous Canadians, Lord Strathcona and Lord Mount-Stephen.

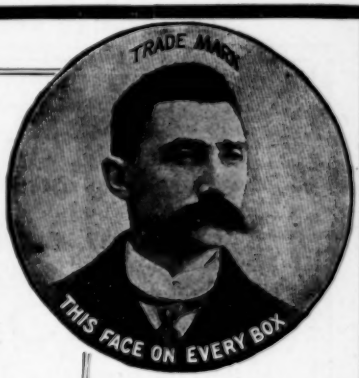
The Vancouver General Hospital, though only two years in its new quarters, is already outgrowing them; and work has commenced on a new wing to cost about one hundred thousand. It is hoped this extension will be completed by the fall.

At a meeting of the Alumnae Association (R.V.H.) held March 11th, Miss Draper, the first Superintendent of the Training School, was present, and gave a most interesting address, principally on the care of tuberculosis patients. After the meeting tea was served in the reception room of the Home, and some of the graduates who had trained under Miss Draper had the very great pleasure of meeting her again.

Grave charges were made in regard to the management of the Victoria General Hospital, Halifax, N.S., by Sir Robert Weatherbe, formerly Chief Justice of Nova Scotia, and a Liberal, from his place in the House of Assembly of Nova Scotia, on April 13th. Sir Robert asked for a Royal Commission to investigate the hospital. This request was unfortunately not granted.

The annual dinner given to the Graduating Class by the Alumnæ Association (R.V.H.) took place on the evening of April 7th at 8 o'clock, in the dining room of the Nurses' Home. The table decorations were daffodils and pussy-willows, and the effect was charming. The members and Graduating Class present numbered 48. After the dinner the usual toasts were given—The King, The Governors, Our Guests, The Doctors, etc. The evening was a most enjoyable one and all present will long remember it with pleasure.

The Vancouver Graduate Nurses' Association held their annual meeting for the election of officers on the first Tuesday in February. The following officers were elected: President, Mrs. W. F. Salsbury (T.G.H.), 1340 Burnaby St.; 1st Vice-Pres., Miss J. B. Rose (V.G.H.), Gen. Hospital; 2nd Vice-Pres., Miss Wickham (W.G.H.); Secretary, Miss Ruth Judge (V.G.H.), 811 Thurlow St.; Treasurer, Miss Woodrow. It was also decided to move the Nurses' Registry to the West End Private Hospital, 1357 Barclay St., where Miss Clermont has kindly consented to act as registrar.



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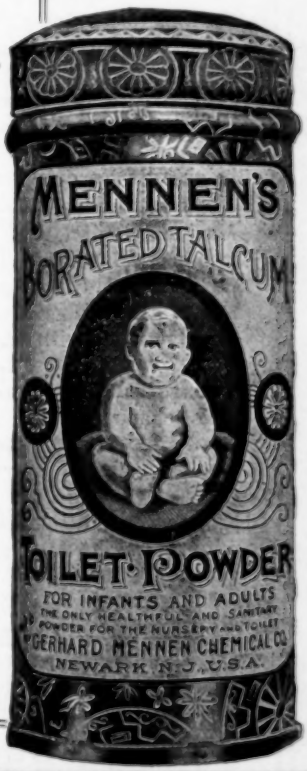

THE Graduating Exercises of the Class of '08 (R.V.H.) took place on Tuesday, April 21st, at half-past four. After an address by Mr. Augar, President of the Board of Governors, Dr. Garrow gave a most interesting address to the graduates, after which Miss Henderson, Superintendent of the Training School, presented the diplomas and badges to eleven graduates. A great many friends of the nurses and of the hospital were present, and as this was the first graduation since the opening of the Home, many availed themselves of the opportunity to see this addition to the hospital. The dining-room was artistically decorated, and there tea was served, and the graduates received the congratulations of their friends.

ON April the 8th the Nurses of Hamilton met at the Residence at the City Hospital, and decided to reorganize an Alumnæ Association. The Officers appointed were: President, Miss Coleman; Vice-President, Miss Ainslie; Recording Secretary, Miss Hannah; Corresponding Secretary, Miss Aithim; Treasurer, Miss Adam. Almost one of the first duties of the Secretary was a particularly sad one, being the recording of the death of Miss Florence May Northcott. Miss Northcott was a graduate in class '07, and, since then, has been doing private nursing in Hamilton and the vicinity. Miss Northcott contracted pneumonia and died five days later at the City Hospital, May 4th. Funeral was at Exeter on May 6th. Mrs. Newson and Miss E. J. Deyman were appointed to report to THE CANADIAN NURSE any items of interest for publication. The Alumnæ Association has already thirty-five members, and the brightest prospects for success.

THE Alumnæ Association of the Collingwood General and Marine Hospital were entertained at afternoon tea by one of the members, Miss Ethel Dawson, on Wednesday, May 6th. A goodly number of our own graduates were present, together with a few nurses from other Training Schools. The Honorary President, Miss Morton, with the Honorary Members, Mrs. W. J. Bassett, President, and Mrs. J. R. Arthur, Vice-President of the Board of Management, were among the guests. A most delightful hour of social chat was spent, while tea and many good things were served. It was only one of the many social occasions which the Alumnæ, as a body, have enjoyed, and we all feel that if no greater thing was accomplished, the mere meeting together over a friendly cup of tea refreshes and sends us on our way cheered from the few minutes we have spent among the nurses who are graduates of our own school.

THE Graduating Exercises at Kingston General Hospital took place on April 23rd, and were in every way unusually pleasing and successful. The presence of Miss Snively (T.G.H.), was much appreciated by the Superintendent, Miss Scott, and by all the friends of the hospital. Miss Snively's address was a memorable one.

The entrance of the procession to Convocation Hall, Queen's,

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was picturesque, Miss Murial King playing the long line of nurses, doctors and officials to their places. First came the ushers, Miss Merilees, the superintendent's assistant, following, leading the procession of uniformed nurses, first the junior class, then the intermediates, and finally the graduates, Miss Margaret M. Black, Miss Myrtle May Wallace, Miss Bertha J. Willoughby, Miss Annie Raby Hinchey, Miss Mary Estella M. Hudson, Miss Mollie Pringle, Miss Margaret M. Cochrane, Miss Mary Lauretta Webster, Miss Jean M. C. Scott, B.A., Miss Henrietta Josephine Hall. Miss Martha E. Chipman was unable to be present and her diploma will be forwarded to her.

The prizes given this year are also a new and helpful stimulus to good work. The first prize, for the best essay on ethics, was won by Miss Jean Scott, B.A., and presented to her by Donald McIntyre, on behalf of the superintendent of the Training School, who gave it, the prize taking the form of a medical work by Stevens. Miss Scott also won the graduating class prize for obtaining the highest honors in the finals, the prize being awarded by the medical staff of the hospital, and presented by the chairman, Dr. Kilborn.

In the intermediate class Miss Mamie Meldrum stood first, and took the prize given by the management committee. The presentation was made by Rev. C. A. Sykes.

For the junior class a prize was put up by the superintendent of the hospital, Dr. Macintyre, and by himself presented to Miss Annie Bailey.

Addresses were delivered by Dr. Duff, Mayor Ross, Dr. Connell and others.

Miss Scott is indeed to be congratulated on the pleasure and inspiration which all concerned must have received on this auspicious occasion.

The following signed the roll of those present at the Annual Meeting of the Canadian Hospital Association: W. B. Kendall, Gravenhurst; M. A. Jackson, Chatham; Jessie Duncan, Owen Sound; J. K. M. Gordon, Gravenhurst; W. J. Dobbie, Weston; E. Macpherson, Dickson; M. G. V. McKnight, Walkerton; W. McLennan, Barrie; Sophia Doherty, Barrie; A. I. Robinson, Galt; M. J. E. Morton, Collingwood; Catherine Lawrence, Sarnia; W. L. Babcock, Detroit; Del. T. Sutton, Detroit; Lila J. MacAdam, Renfrew; Hannah Hollingworth, St. Catharines; H. D. MacIntyre, Kingston; Frances Sharpe, Woodstock; C. K. Clarke, Toronto; Louise C. Brent, Toronto; J. N. E. Brown, Toronto; K. Mathieson, Toronto; Henry M. Hurd, Baltimore; Elizabeth MacWilliams, Fergus; Charles Sheard, M.D., Toronto; W. C. Herriman, Mimico; J. G. Drennan, M.D., St. Thomas; F. E. De La Matter, Peterboro; H. H. Miller, Lindsay; A. H. Greene, Belleville; E. McL. Patton, Toronto; M. M. Gray, Toronto; Grace Hodgson, Cleveland.

Visitors: Winifred Dale, Renfrew; Mary Gray, Toronto; Helen MacMurchy, Toronto; Dr. Smith, Inspector of Charities; J. Ross Robertson, Toronto; Mrs. Geo. D. Ellis, Toronto; Ambrose Kent, Toronto.

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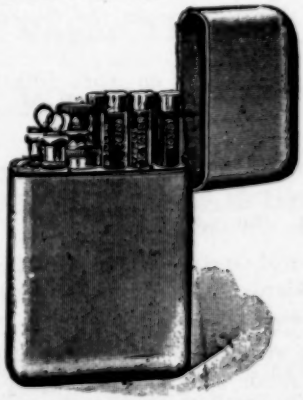

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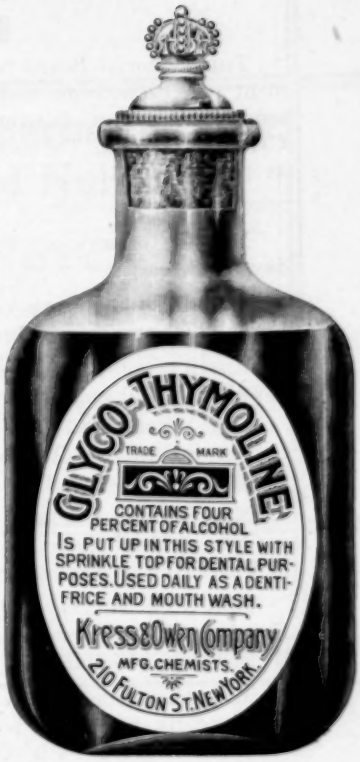
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Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS B. MCLENNAN (V.G.H.) is enjoying a three months' holiday in the east.

MISS DOROTHY HOLROYD has resigned her position at Grand Forks, B.C., and returned to Vancouver.

MISS KATHRINE STEVENSON, Lady Superintendent of the General Hospital, Wingham, resigned her position on May 1st.

MISS SINCLAIR (T.G.H.) has accepted a position in McDonald College, St. Anne de Bellevue, Quebec, and left New York in March to take up her new duties.

MISS RACHEL MACLEOD (V.G.H.), who has been occupying the position of Head Nurse in the N. P. Hospital, Tacoma, has returned to Vancouver to resume private nursing.

MISS N. M. MILLER, Lady Superintendent of the Ross Memorial Hospital, Lindsay, spent Easter in Toronto, as the guest of Mrs. C. H. Barltrop, 243 Markham Street.

MISS FLORENCE TORREY, a graduate of the H.C.H. Class, '05, left recently to take a position as Head Nurse in the General Hospital, Niagara Falls, Ont.

MISS ELLA BURPEE (V.O.N.) left Vancouver on April 10th to take charge of the Presbyterian Hospital, Seoul, Korea. Miss Burpee sailed on the Empress of China.

MRS. MARGARET DOUGLAS, graduate of G. G. H., sails on Thursday, May 7th, via Montreal, to spend some months with relatives and friends in Scotland and England. Bon voyage.

MISS A. C. SMITH, Superintendent of Guelph General Hospital, has been appointed to the Editorial Board of THE CANADIAN NURSE, in place of Miss M. J. O'Neill, who has lately resigned.

MISS BELLE YOUNG, of New York, graduate of the Guelph General Hospital, who underwent an operation at G. G. H. recently, is now convalescent. Her many friends will be pleased to hear of her recovery.

MISS ELEANOR SAIT (M. G. H., '92), who has been engaged professionally in Sault Ste. Marie, Ont., is now visiting friends there. Before returning to her home in Montreal she intends spending a week with relatives in Toronto, leaving there about June 6th.

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Miss Joanna Kee left for Birmingham, Ala., in April. She will do private nursing.

Miss Frankie King, W.G.H., who has been private nursing in Vancouver, is visiting in Winnipeg.

Miss Barbara McClennan, V.G.H., has gone on a summer trip to her home in Prince Edward Island.

Miss Ida Carr, a graduate of H.C.H., has recently been appointed Head Nurse at the Hospital for Insane.

Miss Monica Green, St. Joseph's H., Victoria, has taken charge of the operating-room in St. Ann's Hospital, Juneau, Alaska.

At 306 West Charlton Avenue, on March 28th, to Mr. and Mrs. Oliver Wilder (Olive R. Thirston, Class '05), a daughter (Kathleen Thirston).

In Hanley, Manitoba, on December the 29th, Miss Beatrice Celeste Harvey was married to Mr. R. W. Millward. Mr. and Mrs. Millward will reside in Hanley.

Miss Cavanagh, graduate Lady Stanley Institute, class '03, has recently completed a post-graduate course at the Woman's Hospital, New York City, and is at present doing private nursing there.

Miss Snively, Lady Superintendent of Toronto General Hospital, was the guest of Principal Gordon of Queen's University during her stay in Kingston. Mrs. Gordon gave a reception for Miss Snively after the graduating exercises at the General Hospital.

Miss Maude Broddy has resigned as Superintendent of the South Mississippi Infirmary, at Hattiesburg, Mississippi, U.S.A., and will take a short rest from professional duties. Miss Broddy will spend a short time with friends in Detroit.

Miss Helen Cameron-Smith who was the founder and registrar trar of the Nurses' 57th St. Registry in New York, will spend the summer at her home in Nipissing, Ontario. Miss C. H. Gordon will have charge of the Registry during her absence.

Miss Cameron-Smith is a niece of Dr. R. W. Bruce Smith, Inspector of Public Charities for Ontario and a graduate of Winnipeg General Hospital.

Born.—At 82 Homewood Avenue, Hamilton, on March 8th, to Mr. and Mrs. Peter Smith (Anna E. Hennessey, Class '07), a son.

Married.—In Alliston, on March the 23rd, Miss Mary Cumberland, a graduate of H.C.H., Class '06, was married to Mr. Norman Rose. They will reside in Aliston.

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The Nurse's Library.

Materia Medica For Nurses. JOHN E. GROFF, Ph.G. $1.25. Philadelphia: P. Blakiston's Son & Co.

This is the fourth Revised Edition of Dr. Groff's well-known book. It has been re-arranged by Miss Lucy C. Ayers, Superintendent of Nurses' Training School, Rhode Island Hospital. The arrangement and the general plan of the work are excellent, and we think it should prove invaluable to the trained nurse in the United States.

Fever Nursing. DR. REYNOLD W. WILCOX. $1.00. Philadelphia: P. Blakiston's Son & Co.

With the assistance of Miss Rykert, Superintendent of the Post Graduate Hospital, New York, the author has prepared a useful and complete text book of Nursing in Acute Infectious fevers. The statements are careful and accurate, and the whole book has been well prepared. We have here the chief facts, sufficiently stated and impressive.

Sometimes nurses find it hard to manage convalescent patients, especially if the convalescent be, as happened to one of us lately, an M.P. Books are good medicine for convalescents, but then the nurse needs to know a good deal in order to keep up her part of the game. Such a book as Lord's Cromer's recent Egypt is a book almost universally interesting among intelligent people. It is a long, wonderful story, well told.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

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